

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017243

STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 10

300
-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Senath		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Senath Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi-Way V. South of Senath, Mo.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Senath, Mo. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Gordan Fritz Jr.			4. DATE OF DEATH Month Day Year May 8, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 10, 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 43 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Pauldin, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William G. Fritz Sr.		13b. MOTHER'S MAIDEN NAME Elsie Shepard	
14. NAME OF HUSBAND OR WIFE Mattie Lee Fritz		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 490-01-3298		17. INFORMANT Address Mattie Lee Fritz Senath, Mo. Rt. 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head Injuries DUE TO (b) Automobile Accident DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Instantly
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident		
20c. TIME OF INJURY Hour Month, Day, Year 10:30 a.m. 5-8-59			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-Way V South of Senath	20f. CITY, TOWN, OR LOCATION Senath	COUNTY STATE Dunklin Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10:30 p.m. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Quinton Tarver, M.D. Coroner		22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 5-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/10/59	23c. NAME OF CEMETERY OR CREMATORY Senath	23d. LOCATION (City, town, or county) (State) Senath Missouri
24. FUNERAL DIRECTOR McDaniel Funeral Service, Senath		25. DATE RECD. BY LOCAL REG. 5-15-59	26. REGISTRAR'S SIGNATURE Mrs. J. H. Lanier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Jerry S. Roberts*

Licensed Embalmer No. *7886*

P. O. Address *Kennett, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.